DOCUMENT RESUME

ED 304 260 RC 016 974

TITLE	Indian Child Welfare in Montana.
INSTITUTION	Dull Knife Memorial Coll., Lame Deer, MT.
PUB DATE	86
NOTE	30p.; Report of a survey conducted in 1986 by the staff of the Indian Child Welfare Project. Illustrations and graphs will not reproduce well.
PUB TYPE	Reports - Descriptive (141) -- Viewpoints (120)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	American Indian Reservations; *American Indians; *Child Welfare; Questionnaires; Tribal Sovereignty; Tribes; Welfare Agencies; Welfare Recipients; Welfare Services
IDENTIFIERS	Indian Child Welfare Act 1978; *Montana

ABSTRACT

This report is based upon a 1985-86 survey conducted by the Dull Knife Memorial College Indian Child Welfare Project. A series of workshops were conducted throughout Montana to acquaint providers of services for abused and neglected Indian children with the requirements of and issues associated with the Indian Child Welfare Act of 1978. Participants in these workshops completed a questionnaire that examined the state of Indian child welfare services in each participant's community. The purpose of the survey was to collect basic descriptive information and viewpoints on the participants' activities. Several areas are identified that indicate the need for detailed study for the improvement of services to Indian children. This survey represents an exploratory effort to document the general concerns of those who serve abused and neglected Indian children in Montana. The findings are not definitive evidence for actual activities, but are the perceptions of the 47 individuals who chose to participate in the survey. This report is organized into the following sections: (1) Where Do Indian Communities Look For Child Welfare Services?; (2) How Do Indian Communities Administer Child Welfare Services?; (3) What Do Indian Child Welfare Workers Say About The Present State Of Services?; (4) What Implications Do The Survey Results Hold For Service Agencies?; (5) What Implications Do The Survey Results Hold For Indian Educational Institutions? (ALL)

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INDIAN CHILD WELFARE IN MONTANA

RC 016974

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INDIAN CHILD WELFARE IN MONTANA

report of a survey conducted in 1986

by the staff of the Indian Child Welfare Project,

Dull Knife Memorial College
Lame Deer, Montana

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INTRODUCTION

a. The Dull Knife Indian Child Welfare Project

This report is based upon a survey conducted by the Dull Knife Memorial College Indian Child Welfare (ICW) Project. Leland J. Pond, Director, Clifford Foote and Maria Charette, research associates, and Doreen D. Pond, institutional affairs coordinator. In 1985 and 1986 Mr. Pond and his associates conducted a series of workshops throughout Montana on reservations and in urban Indian areas to acquaint providers of services for abused and neglected Indian children with the requirements of and issues associated with the Indian Child Welfare Act of 1978. During the course of these workshops, participants were asked to complete a questionnaire which examined the state of Indian child welfare services in each participant's community. This questionnaire was based upon an instrument developed by the State of Montana and adapted for use in this instance by the ICW Project staff.

The purpose of the Survey was neither the collection of scientific data nor a "vote", even a straw vote, on issues related to Indian child welfare in Montana. Rather, the ICW Project staff hoped to collect basic descriptive information and viewpoints on the present activities of the participants in workshops sponsored by the ICW Project last year. This information clearly identifies several areas which demand detailed study for the improvement of services to Indian children.

b. Survey Objectives, Respondents and Other Considerations

Dull Knife Memorial College and the Indian Child Welfare Project have long been interested in various aspects of Indian Child Welfare. But it has become clear that this extremely complex issue has made an enigmatic demand upon all of us: while improvements in services and resources are absolutely essential now, it is abundantly clear that painstaking research, data collection, and analysis, all of which are long-range and time-consuming projects, are also needed. As an educational institution, Dull Knife's role in the community is ordinarily not to provide front-line services other than training. But, as an educational

institution. Dull Knife can provide not only training but an institutional base for the research needed to identify key issues in this and other fields.

As part of the ICW Project's plan to offer workshops throughout the state, the Project gathered information on the activities and attitudes on Indian child welfare systems in Montana Indian communities from the workshop participants, thus providing the ICW Project and Dull Knife with basic data on activities and trends which can be used to develop scientifically-based research. The present survey represents an exploratory effort to document the general concerns of those who serve abused and neglected Indian children in Montana.

As we mentioned above, the forty-seven individuals who responded to the Survey were not selected on the basis of a scientific sample, but were participants in Indian Child Welfare workshops who chose to complete the questionnaire. Some chose to complete the entire questionnaire, while others filled in only selected questions. *The answers, we emphasize, must be considered not as definitive evidence for actual activities, but the perceptions of those workshop participants who returned their survey forms.* Some respondents were social welfare administrators and supervisors whose detailed knowledge of child welfare services in their communities and statewide is quite specific. Others were related services personnel who know mainly about procedures in their own fields or agencies. One of the critical problems of providing services to abused and neglected Indian children has been that many who are in some way involved with Indian child welfare are not specifically acquainted with the duties and responsibilities of other agencies, and as such have had little experience with a more general perspective of Indian child welfare services. An important goal of the workshops sponsored by the Dull Knife ICW Project has been to facilitate cross-agency conversations that may help to lessen the effect of the bureaucratization of services which often fails to respond efficiently or effectively to the needs of individual children and families. In sum, respondents represented a range of experience and knowledge levels in the Indian child welfare system, and this range is reflected in the answers they gave.

Persons with detailed knowledge about the Indian child welfare system were, of course, most likely to answer all the questions on the survey form. Many, however, did not. As a result, a quantitative evaluation of most single questionnaire items does not yield significant

statistical information. So, to arrange these responses into a meaningful tally, we have organized this summary of answers by sections which reflect the general type of response commonly used for various questions, rather than reiterating the tally for each and every question.

The questionnaire was divided into four main topics: referral and investigation, provision of services, service standards, and preventive services. Within each of these sections respondents were asked for information on resources and procedures. Thus, we have organized our report to reflect these groups. First we will examine the resources used by Indian communities in each of the activities described in the divisions of the questionnaire. Secondly, we will review the responses to procedural questions in each of the four sections. Third, the comments and opinions contributed by survey respondents will be examined. Finally, we will discuss the implications of the survey results for service agencies as well as for Indian educational institutions.

WHERE DO INDIAN COMMUNITIES LOOK FOR CHILD WELFARE SERVICES?

The identification of the number of different offices, agencies, institutions, and other resources used in Indian communities to provide services to children provides one basis for assessing differences between Indian communities within Montana. Clearly each reservation and urban community has asserted its individual identity in the resources it chooses to use for its children. Several resources were mentioned only once or twice, while others, such as Tribal or BIA Social Services, were mentioned by most respondents. But the fact that forty-eight respondents cited nearly forty different agencies as resources for child welfare services shows that Indian communities in Montana are determined to use every means available to serve their children, and are not satisfied with one or two social service agencies. Below is a list of most of the agencies or resources cited by the respondents.

Alcohol Treatment Center
BIA Police
BIA Social Services
Boarding schools (unspecified)
Cheyenne Home
Child Protection Team
Church-related Organizations
Commodity Foods Program
County Attorney
County Social Services
District Court
Family member(s)
Foster Homes Program/Licensing
HEW Committee
Head Start
Helena School for Girls
Hope Ranch
Housing Authority
IHS
Juvenile Court
Miles City School for Boys
Montana Youth Training Center
Parent Drop-In Center
Parenting programs
Pine Hills
Private Financial Assistance
Project Phoenix
Psychological testing centers
Public Health Service
SRS District
Schools (local)
St. Labre School
Tribal Court/Prosecutor
Tribal Government
Tribal Social Services
Yellowstone Boys and Girls Ranch

In each of the four major divisions of the questionnaire, five resources were cited most frequently: BIA Social Services, Tribal Social Services, Tribal Court or Prosecutor, County Social Services, and IHS. The respondents who mention at least one of these five resources, 29.74% identify BIA Social Services, 20.95% Tribal Social Services, 20.29% Tribal Court/Prosecutor, 18.85% County Social Services, and 10.17% Indian Health Service. These percentages are significant in that they show the continued dependence for child welfare services of Indian communities upon direct federal resources and non-Indian local resources (BIA Social Services, Indian Health Service, and county social services, 58.76%), as opposed to resources provided by the tribal government through a tribal government agency or federal contract (Tribal Social Services, Tribal Court/Prosecutor, 41.24%).

In the first part of the questionnaire (referral and investigation), the five agencies listed above accounted for 84.2% of the responses, with the remainder of the responses either isolated answers or unknown. There were four questions in this section asking respondents to identify resource agencies:

1. Who receives child protective service referrals?
2. Who investigates child protective referrals?
3. Who makes the report of the investigation?
4. Who receives the report of the investigation?

According to respondents, the receipt and investigation of referrals for child protective services are the responsibility of BIA Social Services (21.7%), Tribal Court/Prosecutor (19%), Tribal Social Services (17.9%), county social services (15.4%), and the Indian Health Service (10.2%). The frequency of responses for each agency approximates the aggregate figures cited previously. Asked who makes a report of the investigation, respondents again answered BIA Social Services (22.7%), Tribal Social Services (21.6%), Tribal Court/Prosecutor (10.2%), county social services (20.5%), and Indian Health (15.9%). In most cases in which one of the five major agencies was mentioned, the tribal court or prosecutor receives the report of the investigation (48%), although the other four agencies were also mentioned in this context: BIA Social Services (16%), Tribal Social Services (6.7%), county social services (4%), and Indian Health (6.6%).

We draw your attention to the graph entitled "Referral and Investigation: Responsibilities of Agencies" at the end of this report. The numbers at the bottom of the graph refer to the questions in this section (see above). Each of the major agencies is indicated with a specific line showing the percent of responses it received for each of the four questions in this section. There is little variation between questions 1 and 2. For question 3 (Who makes the report of the investigation?), somewhat more respondents gave the Indian Health Service as an answer. For question 4 (Who receives the report of the investigation?), the responses strongly asserted the tribal legal authority. An interesting aspect of this demonstration is that the line representing BIA Social Services shows the least variation of all lines in the graph, suggesting that those communities which use direct BIA services for social welfare administration *tend* to concentrate most activities of referral and investigation within that one agency, while tribes that contract with the Bureau to provide social welfare services *tend* to divide the activities between agencies, thus accounting for the sharp turn downward from question 3 to question 4 for Tribal Social Services. It is also clear from the graph that the local or tribal legal apparatus is the ultimate authority in the referral and investigation process.

In the second section, respondents were asked to identify those agencies which actually provide direct assistance to Indian children. As in the preceding section, five agencies--BIA Social Services, Tribal Social Services, county social services, Indian Health, and tribal

court/prosecutor--appeared as answers far more frequently than any others. For the first question, which asks for agencies which plan services for a specific family or child, respondents identified IHS as the most utilized agency (37.5%), followed by tribal court/prosecutor (18.8%), BIA Social Services (16.7%), county social services (6.2%), and Tribal Social Services (4.2%). This was followed by by a question asking for agencies which write service plans: respondents identified BIA Social Services (26.3%), Indian Health (19.7%), Tribal Social Services (18.4%), county social services (17.1%), with the tribal court/prosecutor identified only 9.2% of the time.

Regarding foster care, respondents were asked to identify agencies in a series of fifteen questions which ask for identifications of service in the sequence in which service is needed. We refer the reader to the graph entitled "Foster Care Services: Responsibilities of Agencies" at the end of the report. Again, a line represents each of the five major agencies, and the numbers refer to the questions as follows:

1. If placement is parental agreement, who obtains signature on parental agreement?
2. If it is a court-ordered placement, who prepares report to the court?
3. Who writes recommendations?
4. Who prepares petitions?
5. Who prepares social history?
6. Who selects placement facility?
7. Who places the child?
8. Who supervises the placement?
9. Who reviews the case?
10. Who determines the appropriateness of continued placement vs. return to the family?
11. Who provides services to the child?
12. Who provides services to the family?
13. Who provides services to the foster family?
14. If the child is to be returned to the family, who initiates court

action to vacate state custody (in those cases where it is necessary)?

15. Who prepares district court petitions?

As the graph shows, BIA Social Services was the most common response questions with the exception of three: obtaining signature on parental agreement (no.1), determining appropriateness of continued placement vs. return to family (no.10), and (preparing district court petitions (no.15). Also, there is clearly an inverse relationship between the responsibilities of social agencies--BIA, tribal, or county--and those of the tribal legal authority: as lines representing social service agencies turn upward, the line representing the tribal court or prosecutor turns downward, and vice versa, again indicating that the tribal legal organization has strongly asserted itself in the child welfare process, and has clearly identified its jurisdiction and responsibilities, at least to the respondents of this survey.

Also in this section were questions asking respondents to identify agencies which provide adoption services. Answers to these questions included an extremely wide variety of agencies, with just over 74% of the responses including BIA Social Services (18.2%), SRS District (6.5%), county social services (14%), tribal court/prosecutor (19.8%), and tribal social services (16%). The questions in this section are as follows:

1. Who studies prospective homes?
2. Who approves applications?
3. Who petitions for termination of parental rights?
4. Who determines where the child will be placed?
5. Who provides post-placement services?
6. Who maintains adoption files?
7. Who reports adoption to Secretary of the Interior?

Again we illustrate the relative frequency of responses for BIA Social Services, Tribal Social Services, county social services, SRS District, and tribal court/prosecutor in a graph entitled "Adoption Services: Responsibilities of Agencies" following the two revious graphs. Notice that the three front-line social service agencies--BIA, tribal, and county--each more or less

follow the same pattern in the responses given to the seven questions in this section. Notice also that, once again, there is an inverse relationship between the responses for the front-line social service agencies and the tribal legal authority. In two of the most critical activities in the adoption process, the approval of applications and the maintenance of adoption files, the tribal legal authority clearly demonstrates that it possesses the ultimate jurisdiction in these matters. Also of interest in the line representing SRS District, which, although not cited as frequently as other agencies, roughly corresponds to the line representing the tribal legal organization.

To summarize the results of questions asking respondents to identify specific agencies involved with various aspects of child welfare, we suggest that those who participated in the survey are most likely to indicate BIA Social Services for most activities related to referral, investigation, service, foster care, and adoption of Indian children. Respondents who did not cite BIA Social Services tend to rely on a combination of tribal and county social services as well as Indian Health Service agencies. In most cases, respondents indicated that their local tribal legal organization (the tribal court or the tribal prosecutor) holds the key decision-making authority in cases involving abused and neglected Indian children. We also emphasize that, although five or six agencies were frequently cited by respondents, Indian communities in Montana utilize a wide variety of agencies, institutions, and other resources to provide services to their children. And this strongly argues for a recognition at all levels of the highly individual character of each reservation or urban Indian group in the state.

HOW DO INDIAN COMMUNITIES ADMINISTER CHILD WELFARE SERVICES?

In the first section on referral and investigation, the first procedural question asked for specific procedures when the investigation shows that the child is *not* in danger or at risk. 47.6% of the responses indicated the use of advisory referrals to and for the family, while 28.6% of the respondents made mention of mandatory legal action or referrals. For situations in which the child is not in danger, these mandatory actions usually include mandatory referrals to social agencies for counseling, or perhaps a hearing before a social service agency

or family court. 11.9% cited strong but not mandatory referrals to social service agencies. 4.8% of the respondents do not know what procedures are followed in this situation, and 7.1% of the respondents specified that no action is taken when the investigation shows no danger to the child.

Respondents were then asked to describe procedures for situations in which the child *is* found to be in danger or otherwise at risk. We have coded two aspects of the question, the first to show the action taken regarding the disposition of the child, and the second to show the types of procedures used. In 90.9% of the responses, survey participants indicated that the child is immediately removed from the home when he or she is clearly in danger or at risk. The remaining responses were evenly divided between no action, unknown, or no mention of the placement of the child. Regarding procedural actions, 80.6% of the respondents said that a social services agency (tribal, BIA or other) conducts a hearing in these cases. 11.1% cited court hearings for at-risk situations, and 8.3% of the respondents did not know the specific procedure.

Since respondents represented a wide range of services and agencies and individuals, they were asked to specify the point at which a request for assistance or referral for service is made to another agency. 37.5% of the respondents indicated that requests or referrals to other agencies are made when a complaint is first received, 20% when the investigation is in progress, 17.5% when the investigation is complete, and the remainder at various intervals in between.

In the section addressing the provision of services, several questions regarding service plans were asked. 88.2% of the respondents indicated that service plans in their community address action for social workers, 78.9% action for children, 65.6% action for foster parents, 72.7% action for parents, and 78.1% action for other resources. 81.8% of the respondents said that their service plans provide for the measurement of established goals.

Determining activities and procedures for the last section (service standards) was accomplished by asking survey participants if their reservations have their own foster care standards, to which respondents answered the following: 81.8% yes, 8.3% no, and 8.3% unknown. Among those who answered yes to that question, 83.3% indicated that the

standards have been adopted by the Tribal Council or an appropriate subcommittee, and 81.8% said that such approval has been documented. For those who live in communities without foster care standards, 75% responded that they plan to develop such standards.

Also included in this section were questions on adoption policies and procedures. Asked whether their tribes had developed policies to govern adoptions, 54.3% responded yes, 14.3% no, and the remainder unknown. 68.2% of the respondents cited the tribal government as the agency responsible for developing adoption policies, 9.1% Tribal Social Services, and the remainder unknown. 88.9% said that these policies had been adopted or approved by the Tribal Council or an appropriate subcommittee, and the same percentage specified that this approval has been documented. Of those who said that their tribes have not developed policies governing adoptions, on 33.3% said that they have plans to develop such policies, while 66.7% said that no such plans are contemplated. In Indian adoption cases, compliance with the Indian Child Welfare Act is assured by the tribal court or prosecutor in 48.6% of the responses, 16.2% Tribal Social Services, 8.1% BIA Social Services, 5.4% Foster Homes Program, and the remainder unknown.

Finally, respondents were asked several questions on preventive services. First, survey participants were asked to identify services offered by the county. Few of the items mentioned, other than mental health services (12.5%) were of any statistical interest. The items mentioned by respondents are as follows: medic aid services, protective services, battered spouse assistance, foster care, SRS, legal aid, education and training. 15% of the respondents said that they did not know what services are offered by the county, and 7.5% said that no services are offered by their counties.

When asked what preventive services are offered by their tribes, respondents again gave a wide range of answers: mental health and counseling, child abuse workshops, newspaper or other articles on child abuse, protective services, battered spouse assistance, IHS, Tribal Social Services, education and training, foster care, tribal government actions, child protection teams, and child care assistance. 6.5% of these respondents said that their tribes offered no protective services.

Respondents were asked to identify resources used for education and training relevant to Indian child welfare issues. The major items mentioned were local elementary and secondary schools (11.8%), IHS (15.7%), BIA Social Services (15.7%), and SRS (7.8%). Other responses included mass media, workshop training, academic training, community health organizations, tribal community colleges, Head Start, county social services, tribal government programs, and ICWA.

WHAT DO INDIAN CHILD WELFARE WORKERS SAY ABOUT THE PRESENT STATE OF SERVICES?

Survey participants were asked to comment on the positives, negatives, and solutions to negatives for each of the four general areas covered in the questionnaire. These comments were to include current operations (policies, procedures, organizational structure, etc.) that are associated with Indian child welfare services. Below is a summary of these comments by section. Readers should remember that survey participants come from a wide range of backgrounds and communities, and these comments should not be taken as any general consensus but individual opinions (which often show the frustration and bitterness that has developed over many conflicts in this most complex area). Thus, one respondent says that the leadership is excellent, another that the leadership is poor. One says that the policies and procedures are adequate, another that there are few policies and procedures to follow. One may say that the local tribal judge is a positive force in Indian child welfare, another that the local tribal judge is too easily influenced by friends or family or other agencies. These are the sentiments of the individuals who provide services to the Indian children of Montana, and out of respect for their work, we reproduce their thoughts on the issues so that the reader can form his or her own conclusions.

A. Referral and Investigation

1. Positives: BIA, juvenile judge, one agency responsible for child protection services, adequate policies and procedures, good leadership, good sharing of information, good cooperation between county and tribal agencies, ICWA, well qualified personnel, agencies make the best interests of the child the main objective.

2. Negatives: No centralized investigation authority, current tribal social workers, prejudicial and easily influenced decision-makers, poor working relationship between court and tribal social services, lack of realistic options, cases get bogged down in bureaucratic procedures, incomplete investigations, lack of trained personnel, lack of understanding other agencies' responsibilities, limited staff, jurisdictional problems (enrolled perpetrator and nonenrolled victim), too many referral agencies placing children.

3. Solutions: Revise existing codes in juvenile court, accept the resignations of the tribal social workers, impartial and fair decisions in court, better training, more communication between agencies, speed up the process, more financial support for tribal social programs to attract better trained professionals, culturally-oriented leadership, better communication between social workers and foster parents, better planning.

B. Provision of Services

1. Positives: Well-grounded philosophy of tribal social services, system generally works well, new projects are promising, runs smoothly, mental health system.

2. Negatives: Limited funds for staff, poor communication and interaction between agencies, understaffing for Tribal Social Services, all agencies are not fully utilized, no permanent planning, non-renewal of agreements with county.

3. Solutions: More financial support, more training, more use of outside resources, quicker processing of cases.

C. Service Standards

1. Positives: Standards are based on established policies and maintained by competent personnel.

2. Negatives: Confusing to most people, no standards for tribal social workers, limited staff, inadequate financial resources, standards have not been adopted by tribe, understaffing in tribal social services agency.

3. Solutions: Better communication, more financial resources, updated law, more staff.

D. Preventive Services

1. Positives: Only two respondents said anything positive about preventive services: one said that agencies share information well, another that family counseling programs and activities at the tribal community college made positive contributions in this area. A number of other respondents specifically stated that they knew of no positive aspects of preventive services.

2. Negatives: More services needed, racism.

3. Solutions: Community involvement, education, more staff, better communication.

WHAT IMPLICATIONS DO THE SURVEY RESULTS HOLD FOR SERVICE AGENCIES?

The most common complaint on the Survey regarding the present state of Indian child welfare services in Montana pertained to the lack of personnel and financial support for agencies. Clearly, the standard budgetary allocations from federal or state sources fail to correspond in any degree to the disproportionately high percentages of reservation populations which are eligible for and require social services. Social welfare professionals who responded to the Survey almost all noted that available funding is not sufficient to employ the number of social workers necessary to render adequate service to children. One social welfare representative noted that on her reservation the BIA Social Services agency now provides services for 400 children with only two child welfare workers. Another tribe maintains one child welfare worker for a caseload of 105.

And the perception that Indian child welfare workers are now overworked is not limited to social welfare workers. Foster parents who completed the Survey noted that the limited number of social workers prevents agencies from making adequate home visits. As one foster parent wrote, "These ladies cannot possibly cover the area you have to cover." This comment in itself reflects one of the most important environmental factors in Montana Indian child welfare: the service areas are rural and geographically isolated. Apart from some of the basic distinctions between rural and urban populations, simply the time required to visit rural homes demands either an increase in the number of social workers for reservations or a decrease in

effective services. Without increased staff and financial resources, solutions to current problems in service delivery will be inadequate.

Some of the problems, however, do not necessarily demand the solutions of greater staff and funding resources. A major weakness in the current child welfare system cited by many respondents is that of the lack of communication between the agencies. Especially in communities in which the responsibilities of child welfare services have been decentralized, effective cooperation and communication between the social services agencies, the tribal legal authority, tribal government, foster parents, and county agencies are essential. The process of bureaucratization has left Indian reservations with tremendous obstacles in the way of developing appropriate procedural and informational communication and cooperation practices. Agencies, each jealous of its own jurisdiction, appear to be unwilling to negotiate cooperative agreements and plans with other agencies. Funding for special projects for innovative demonstration and pilot projects that address similar problems is available from several resources, notably the Department of Health and Human Services. It would be to the benefit of all Montana Indian communities to take advantage of these resources to develop better methods of cooperation between agencies and offices that serve the same community.

Service agencies should also take the lead in the development of innovative strategies for addressing problems specific to Indian communities. Montana Indian communities have clearly found themselves in a dilemma regarding the disposition of children found to be living in abusive situations. On the one hand, the law specifically forbids communities to allow children to live in homes wherein they may be in danger from abuse or neglect. On the other hand, the traditions which bind Indian families together have persisted despite external influences, and many within these communities feel strongly that the family, in any circumstance, must be regarded as the primary locus for the solution of domestic problems. Indeed, several respondents articulated a resentment of any outside intervention. Hence, a conflict between the community's legal responsibilities and its traditions calls for solutions which protect both the child's person and the family's stability.

Services to the family as a unit has been a leading principle of social welfare services for many years. But this principle has not always been applied to actual situations. For

instance, respondents were asked throughout the Survey to identify various providers and focal points of services, but only a few identified the family or family members. Service agencies are eligible for funding to develop pilot and demonstration projects designed to enhance ways in which Indian families as social units receive services in times of need. The most recent Office of Human Development Services funding announcement reviewed many projects funded elsewhere involving Indian communities which emphasized the family by approaching the problems in culturally traditional ways. Front-line social services personnel on Indian reservations are best qualified to develop these programs, both as members of the social welfare administration community and as members of specific Indian tribes. These types of pilot and demonstration projects can revitalize the work within the social welfare agency by allowing social workers to develop creative solutions to problems, at the same time providing children and families with greater and more effective service.

WHAT IMPLICATIONS DO THE SURVEY RESULTS HOLD FOR INDIAN EDUCATIONAL INSTITUTIONS?

a. Training

Montana Indian communities have taken advantage of the opportunity to develop their own community colleges in response to the lack of adequate post-secondary education resources in isolated rural areas. These institutions should be more fully utilized to provide prospective social workers with practical training in the field of Indian social welfare services, and to provide such training *within the community to be served*, rather than at a far-off university. Although professional social work degrees are usually recognized at the masters and bachelors levels, associate-level preparatory degrees in related services can provide trainees with a far better educational experience than they may receive elsewhere. It is quite clear that the field of social welfare in general, and especially social welfare services in Indian communities, is a multidisciplinary area: training in only one area inadequately prepares one for the range of problems encountered in the field. The tribal community colleges, which offer various related programs in education, law enforcement, human development, and liberal arts programs in social science, can revise these curricula to include classroom and clinical

experiences related to the student's major field as well as to social welfare. When the student transfers to the four-year college to pursue a major in social work, he or she has already received significant training in a related field with an emphasis upon that field's relationship to social work. This kind of program would benefit the students, of course, as well as the state institutions which would receive advanced students with excellent backgrounds in a number of fields related to social work.

Tribal community colleges also have the resources to sponsor workshop training and similar continuing education for professionals and other personnel in the field of child welfare. The Dull Knife ICW Project is one example of how the tribal community college can provide direct training to the community in settings not oriented toward formal, degree-seeking students.

b. Research

Indian child welfare cannot be divorced from the other issues affecting Indians in Montana. The development of the tribal communities and the reservation systems as well as the structure of personal and public life on the reservations are imperfectly understood. Historical and social research can make positive contributions toward diminishing the gap between evidence and public policy issues in the Montana Indian community. It falls to the Indian educational institutions of the state to ensure that this research is undertaken, interpreted, and made available to those who make and those who implement policy in welfare, economic, educational, and other social issues.

Child welfare issues in particular should be considered in the light of the development of a system that has institutionalized the obstacles that prevent Indian children from fully enjoying the resources available to other children. A lower rate of infant mortality and the increased availability of health care since World War II have contributed to a disproportionately high percentage of young people in each tribe. Census figures from 1980 indicate that an average of 45.67% of the people living on Montana Indian reservations are below the age of 18. Compared to the national average, which is 28.02%, this statistic helps to explain the rise in

the number of child welfare problems: there are more Indian children than ever touched by problems affecting Indian families. Since the nation as a whole is not confronted with percentage of children this high, we cannot expect national policy toward child welfare services to reflect this concern.

The previous experiences of the tribes related to population increases are unclear. Historical demographic research on American Indians has not been particularly satisfactory on this subject owing to the lack of adequate enumerations. What few primary and secondary sources exist are either inaccessible to researchers (especially if the researchers live on geographically remote reservations), as in the case of many of the mimeographed Indian Health Service reports, or contain information which appears to be unreliable. For instance, the 1922 report of the Commissioner of Indian Affairs indicates an average percentage of persons under 18 for Montana tribes in 1922 was 28.23% (based on a total Montana Indian population of 12,648 with 3,570 ages 6 to 20). While this figure more closely approximates that of the national population than does the 1980 number, it is nonetheless surprising in light of the Census Bureau's 1910 report on Indians, which gives the total number of Indians in Montana as 10,745 with 4,994 under 20 years. Despite the differences in reporting, the earlier report listing figures for all persons under 20 years and the latter listing only persons ages 6 to 18, these differences should not significantly affect the aggregate figures for comparison. And yet the two sets of numbers, separated by only twelve years, suggest a major shift in the age distribution of Montana Indians. The Commissioner's 1932 report lists a population of 14,741 with 4,483 (30.4%) ages 6 to 18, which presents a logical succession to the 1922 figures. But difference between the reported statistics for 1910 and 1922 demand either an explanation or a corrected enumeration based on local BIA agency records. And these examinations of the number and age distributions of Montana Indians during the past sixty or seventy years should tell us the extent to which Montana reservation communities have had an opportunity to address the problems associated with disproportionately high numbers of certain age groups.

In general, these statistics suggest several implications for tribal programs. One in particular is related to the forthcoming needs of large groups of young adults and families for

social and economic opportunities. Without identifying youth and youth-related issues such as child welfare and education as primary targets for new development, the tribes will be unsuccessful in providing for adequate community-wide economic and social development.

The figures given above imply a burden on the tribes beyond the responsibility to develop expanded and more effective child-oriented programs in education and social welfare. This added burden is described in the dependency ratio, which shows the percentage of that part of the population dependent upon others for support (i.e., children under 18 and seniors over 65) to the part of the population which, according to age (18 to 64), should be a part of the available workforce. The national dependency ratio as indicated in the 1980 census shows that 39.34% of the population is dependent upon 60.66% for support, or that every person between 18 and 64 provides two-thirds of the support for one child or senior. But for Montana Indian reservations as a result of the disproportionately high numbers of young people, the average dependency ratio is 50.51:49.52; every Indian person between 18 and 64 provides 100% of support for one child or senior, and then some! In other words, the burden of supporting dependents, usually children, is a third greater for a Montana Indian adult than it is for a non-Indian adult elsewhere in the country. But with unemployment approaching 85% in many Indian communities, as well as with diminishing governmental support for social programs and the tenuous condition of energy development industries within the State, Indian adults in Montana have far fewer resources than do their non-Indian counterparts in other regions despite their heavier burden of dependents. These figures, it is true, do not reflect the precision of accounting for discouraged workers, the handicapped, and others who should not be included in an enumeration of the workforce. Such reflection, though, would certainly suggest an even heavier load per Indian adult than we described above.

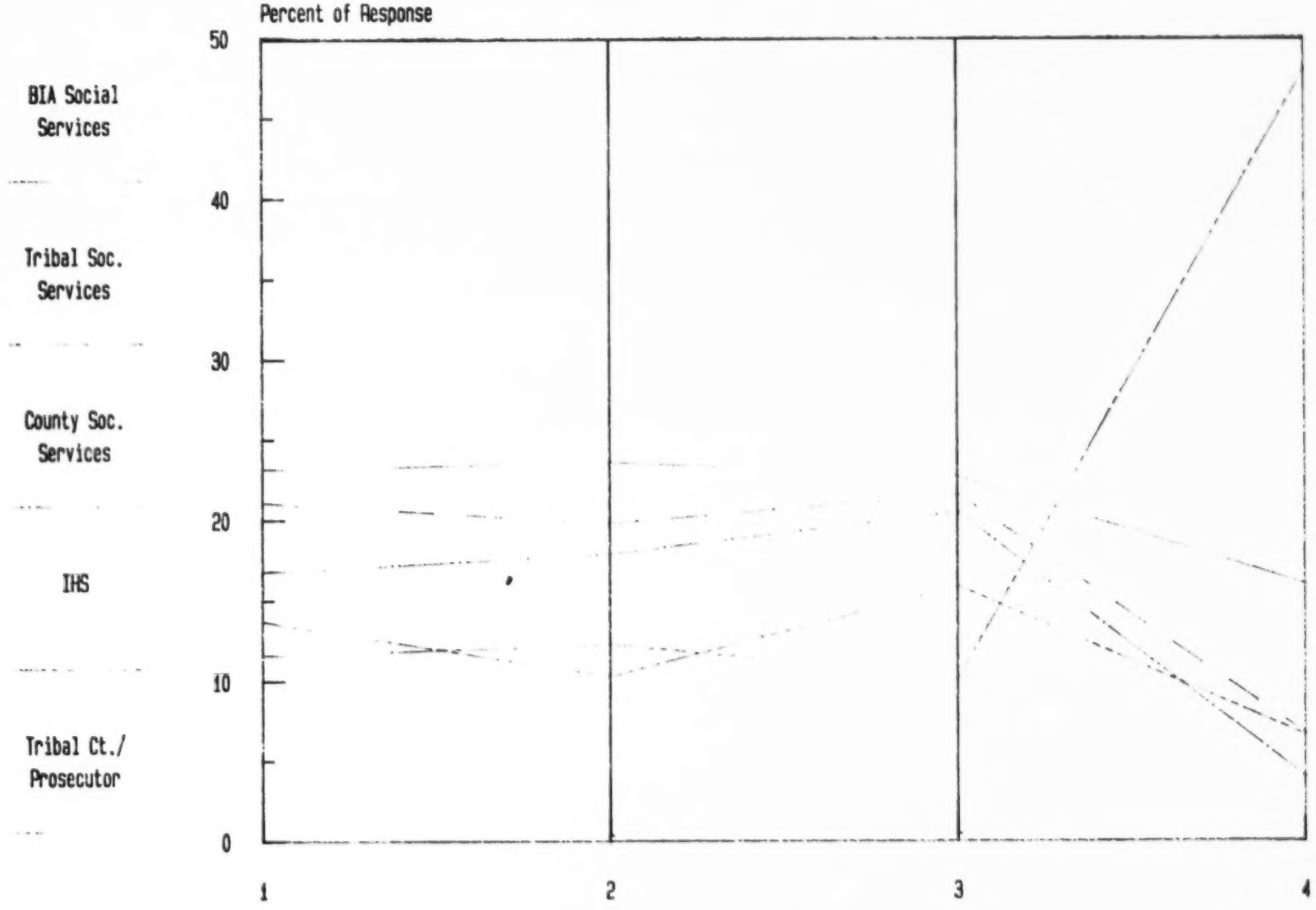
The integral structure of the family cannot have escaped this shift in the age structure of reservation communities and the increasing pressure of economic depression. The Indian family, we know, faced enormous changes throughout the last century brought about by the reservation system and policies which encouraged and sometimes forced children to leave their homes for boarding schools. After decades of pressure from these factors, Indian families have found themselves confronted with new obstacles caused by age distribution,

unemployment, and the resulting problems of substance abuse, emotional depression, suicide, and related afflictions. And one of the the results of these problems is the abuse and neglect of the children. *Data collection to be used to study child welfare cannot be confined to statistics on any one aspect the life of a child or the family.* Data collection must result in a multidisciplinary and multidimensional image of the Indian family.

The tribal community colleges, since they directly serve the communities where the data are located, should be the primary centers of data collection activities. Information from local BIA records, the tribal government, social services agencies, and other sources can be entered into a data base by the tribal colleges to furnish researchers with adequate data sets necessary to identify both leading and hidden tendencies and indicators in the social and economic life of the reservation: these elements are crucial in the development of public policy which addresses the actual problems and not simply the situation as it is perceived by those who make decisions.

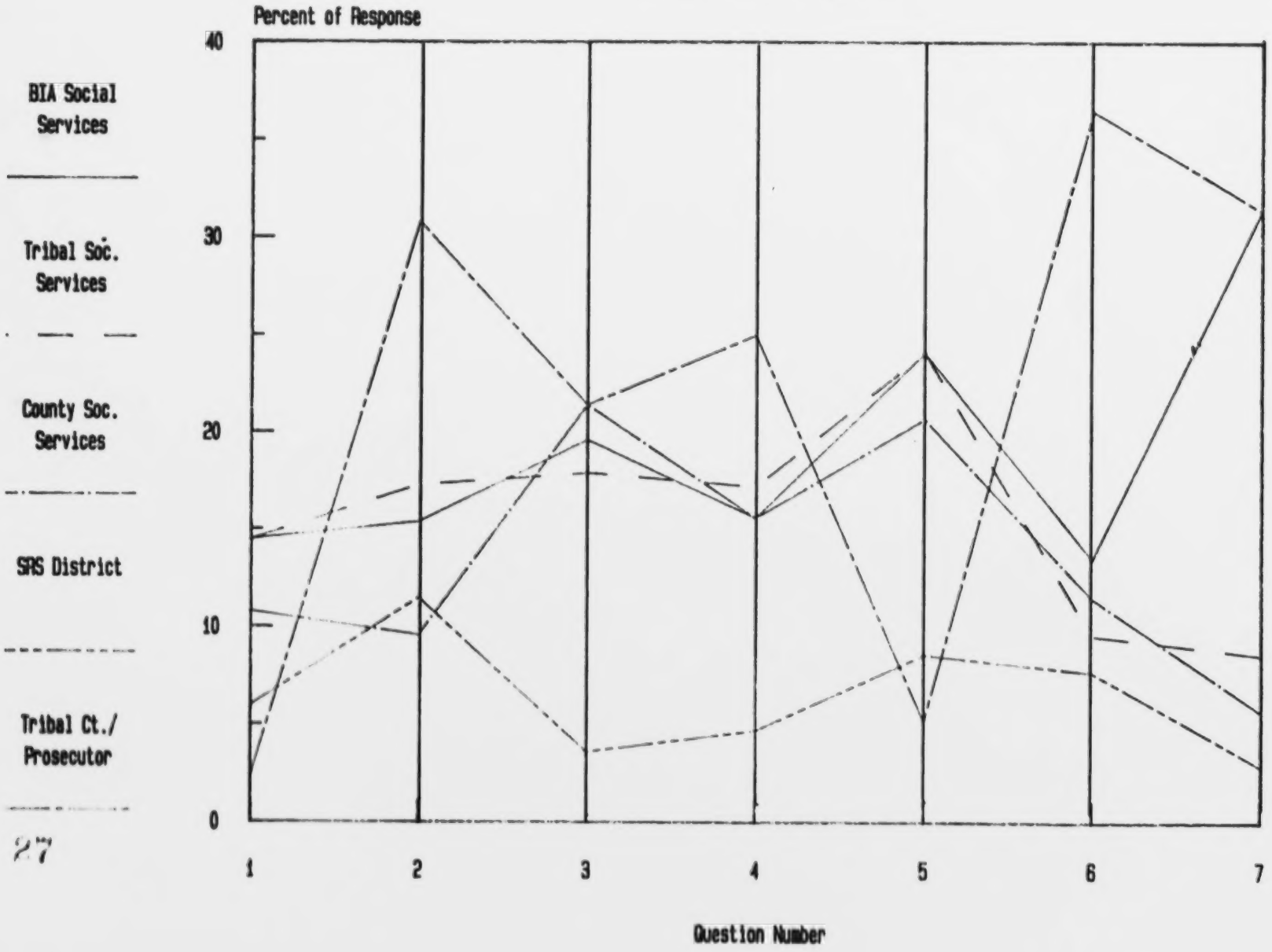
Referral and Investigation

Responsibilities of Agencies



Adoption Services

Responsibilities of Agencies



Foster Care Services

Responsibilities of Agencies